

Name
in
Full

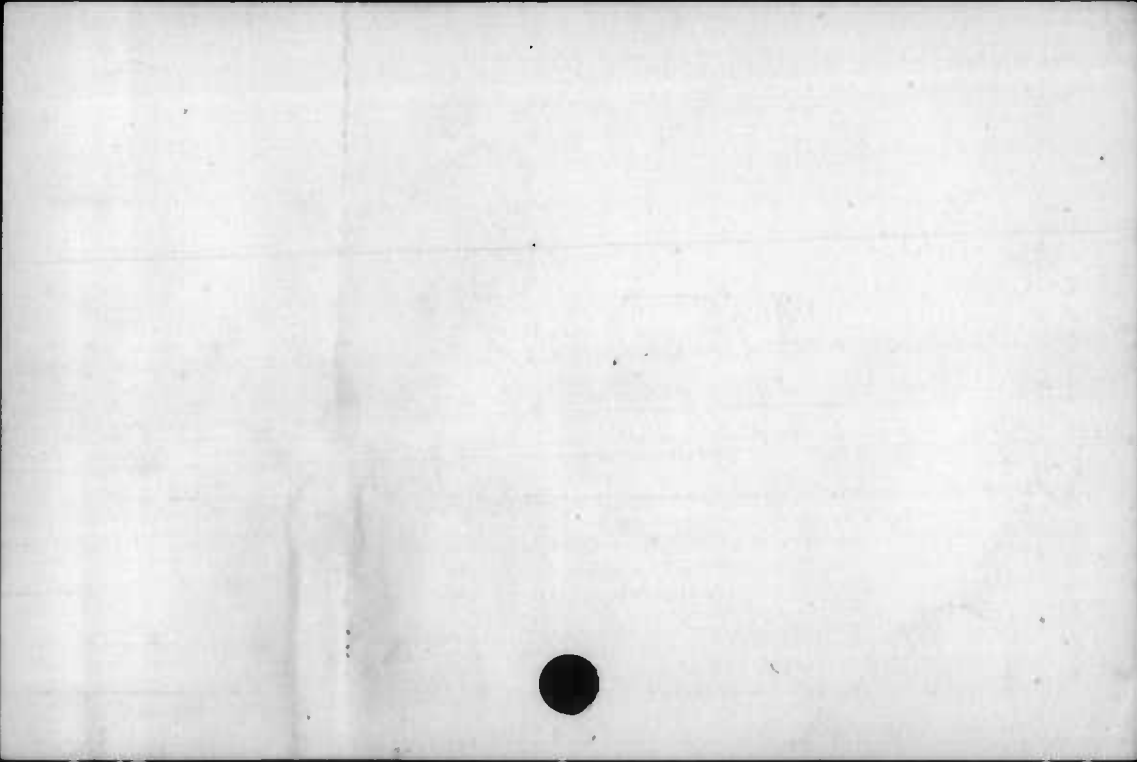
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. Godfrey</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Date of death <i>1909 May 1</i>		Age <i>34</i>		Months <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Days <i>14</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Geo. C. Godfrey</i>					
Father's Name <i>Amston Holoway</i>				Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>Sarah Holoway</i>				Mother's Birthplace <i>don't know</i>			
Name of person giving information <i>Geo. Godfrey</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Logrippe</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Infant child of Elmire Gray

Town

County

MARYLAND

Died at Newark

Worcester

Date

of death

1909

Month

May

Day

9

Years

Age

—

Months

4

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Huaband

Father's
Name

Elmire Gray

Father's
Birthplace

Maryland

Mother's
Meiden Name

Ida Harris

Mother's
Birthplace

Maryland

Name of person giving
Information

George Gray

How related
to deceased

Grandfather

CAUSES OF DEATH

179

Primary

Macassurus

How long

3 mos.

Immediate

Are the name, age, aex, color, date
and place correctly given above?

Yes

Signature of
Physician

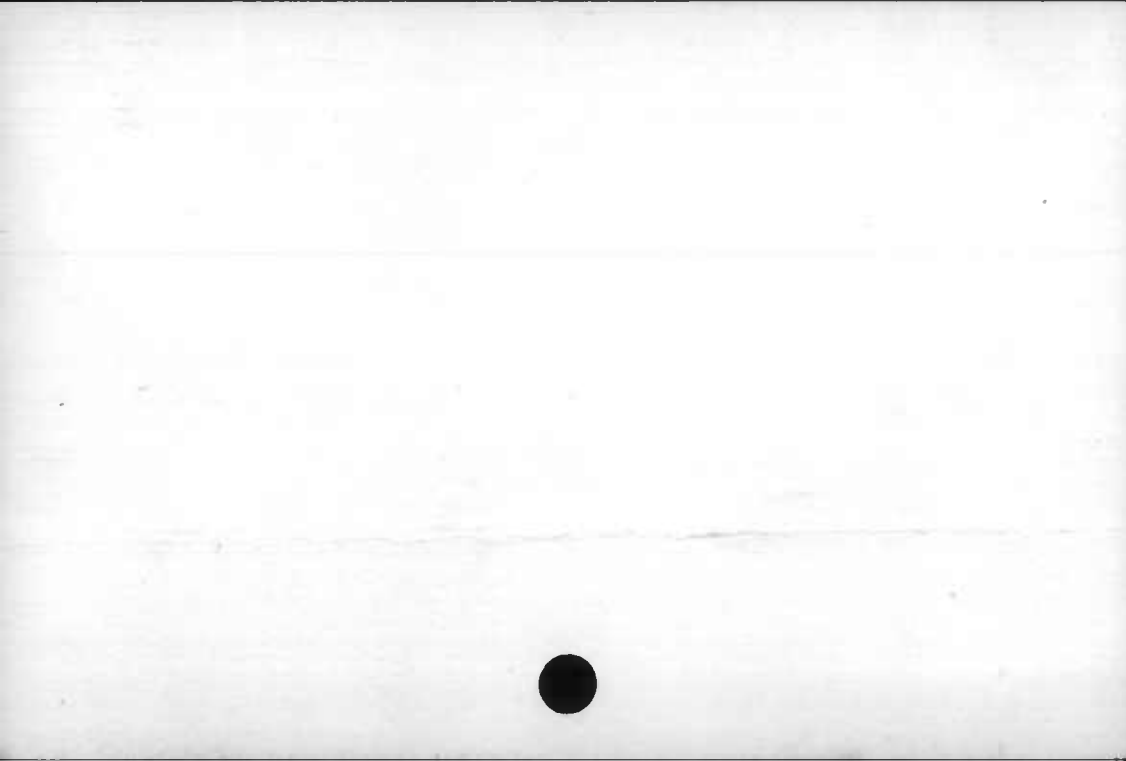
Address

John L. Tyler
Sacro Hill
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Griffith Sunby

CERTIFICATE OF DEATH

Died at Pocomoke City Worcester MARYLAND

Date of death 190 9 May 26 Age 7

Sex Male Color or Race Colored Birth-place Worcester Co

Occupation Infant Where Residing if not at place of death " "

Married, Single or Widowed " Name of Wife or Husband _____

Father's Name unknown Father's Birthplace Don't know

Mother's Maiden Name Emma Sunby Mother's Birthplace Worcester Co

Name of person giving information William Sunby How related to deceased Gr Father

CAUSES OF DEATH

93

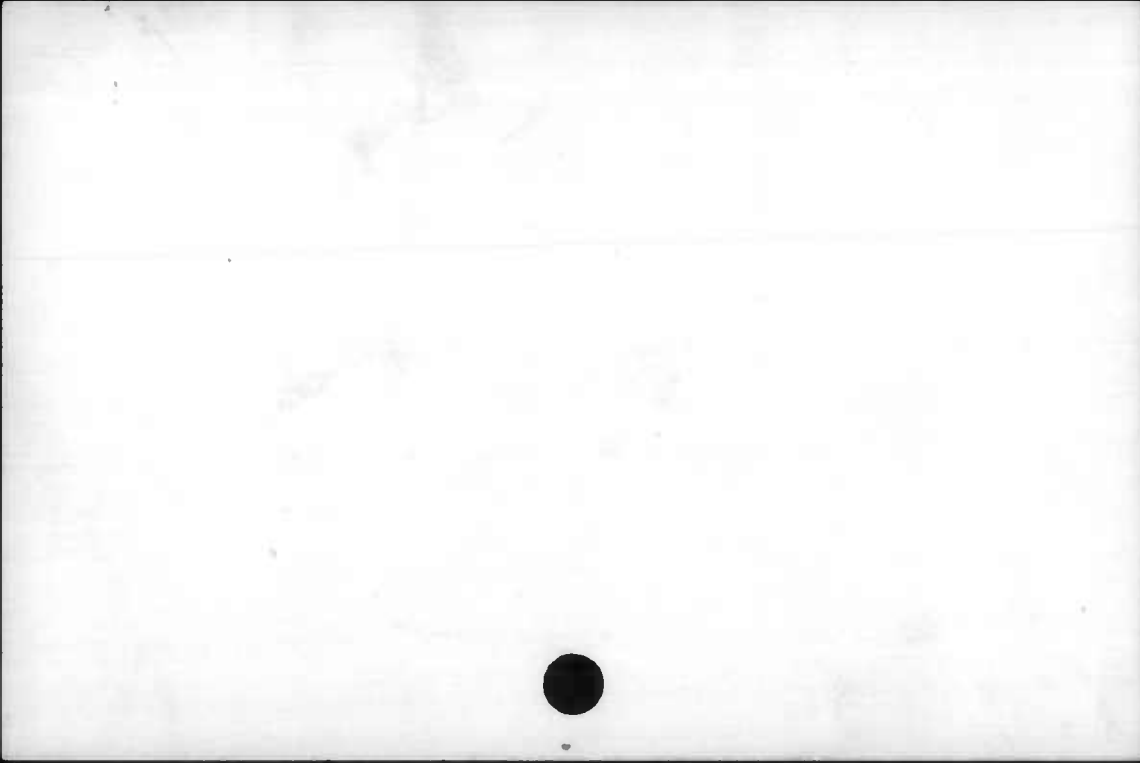
Primary Pneumonia How long 2 weeks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Saml L. Linn

Pocomoke City, Md

Accident or Suicide



Name
in
Full

unnamed Long

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CERTIFICATE OF DEATH

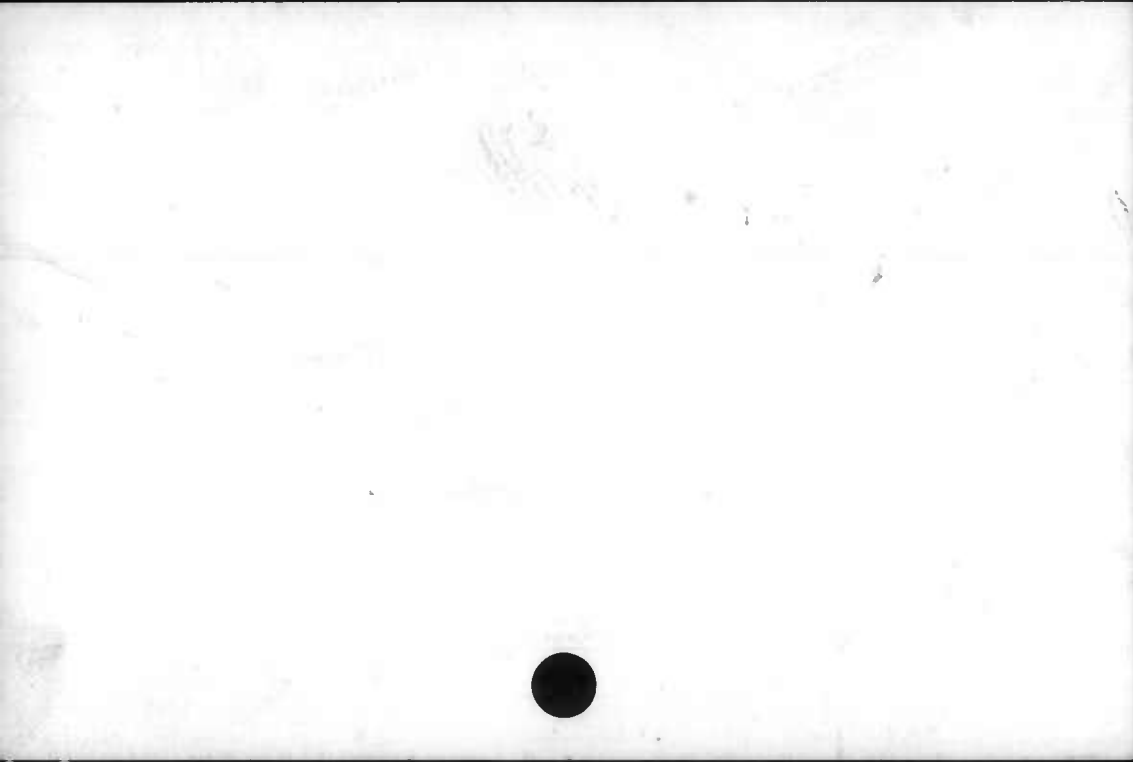
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		May	4	Still Born			
Sex		Color or Race		Birth-place			
Female		Colored		Pawmoke city			
Occupation		Where Residing if not at place of death					
infant							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
John E Long		Monrovia Co					
Mother's Maiden Name		Mother's Birthplace					
Ella Luckford							
Name of person giving Information		How related to deceased					
Jno E Long		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Samuel S. Long	
		Address	
		Pawmoke city Mo	
Accident or Suicide			



Name
in
Full

Sarah Long

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CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

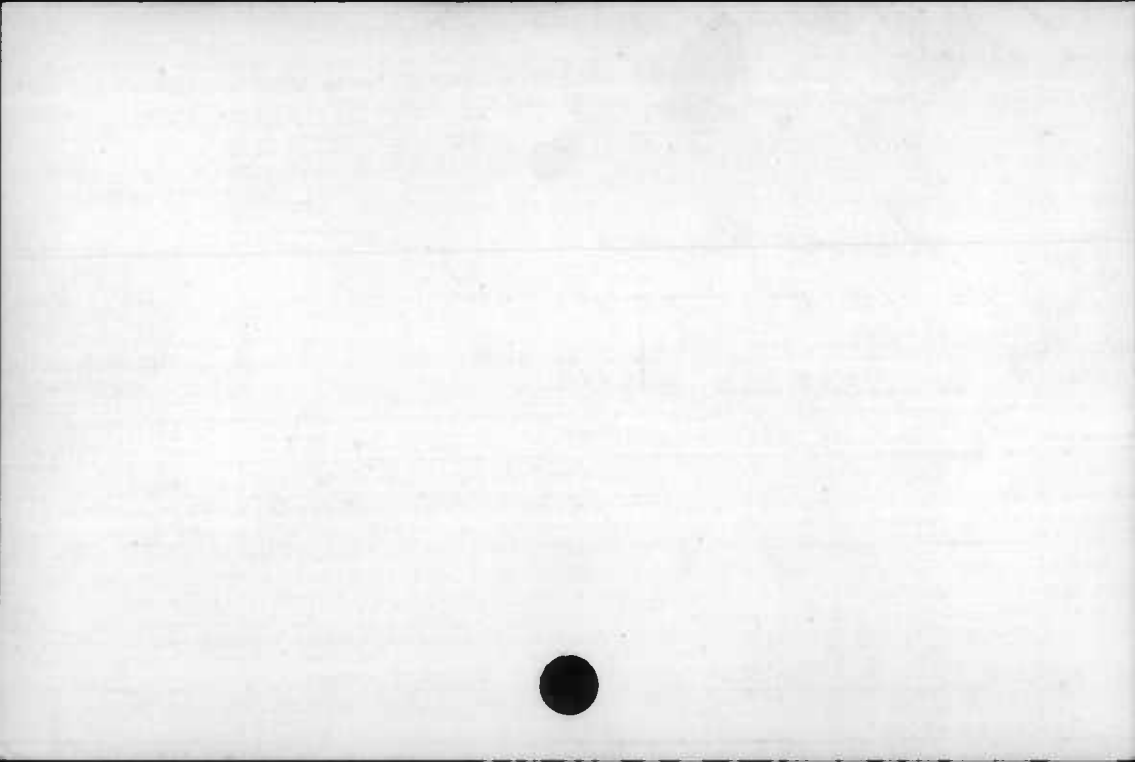
Died at Whitesburg <small>Town</small>		Morehead <small>County</small>		MARYLAND	
Date of death 1909 <small>Year</small>		May <small>Month</small>		10 <small>Day</small>	
Female <small>Sex</small>		White <small>Color or Race</small>		Somerset Co Md <small>Birth-place</small>	
Housewife <small>Occupation</small>		Whitesburg <small>Where Residing if not at place of death</small>			
Married <small>Married, Single or Widowed</small>		George Long <small>Name of Wife or Husband</small>			
George Gibbons <small>Father's Name</small>		Duval Co <small>Father's Birthplace</small>			
Mary McDaniel <small>Mother's Maiden Name</small>		Duval Co <small>Mother's Birthplace</small>			
George Gibbons <small>Name of person giving information</small>		Brother <small>How related to deceased</small>			

CAUSES OF DEATH

(21)

PHYSICIAN
OR CORONER

Primary Tuberculosis (Pulmonary)		How long 3 yrs	
Immediate		How long	
yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		Paul Jones <small>Signature of Physician</small>	
		Shore Hill <small>Address</small>	
— <small>Accident or Suicide?</small>		Md	



Name
in
Full

Sally M. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Taylorville ^{County} Worcester

Date of death 1909 ^{Month} May ^{Day} 30 ^{Years} Age 51 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Irons hire Md.

Occupation House Keeper ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} J. H. Lynch

Father's Name Wm. Clark ^{Father's Birthplace} Unknown

Mother's Maiden Name Martha, Dullin ^{Mother's Birthplace} Unknown

Name of person giving Information J. H. Lynch ^{How related to deceased} Husband,

CAUSES OF DEATH

Primary Cerebral Hemorrhage
Immediate Inaction

64

How long

How long

several months

Are the name, age, sex, color, date and place correctly given above?

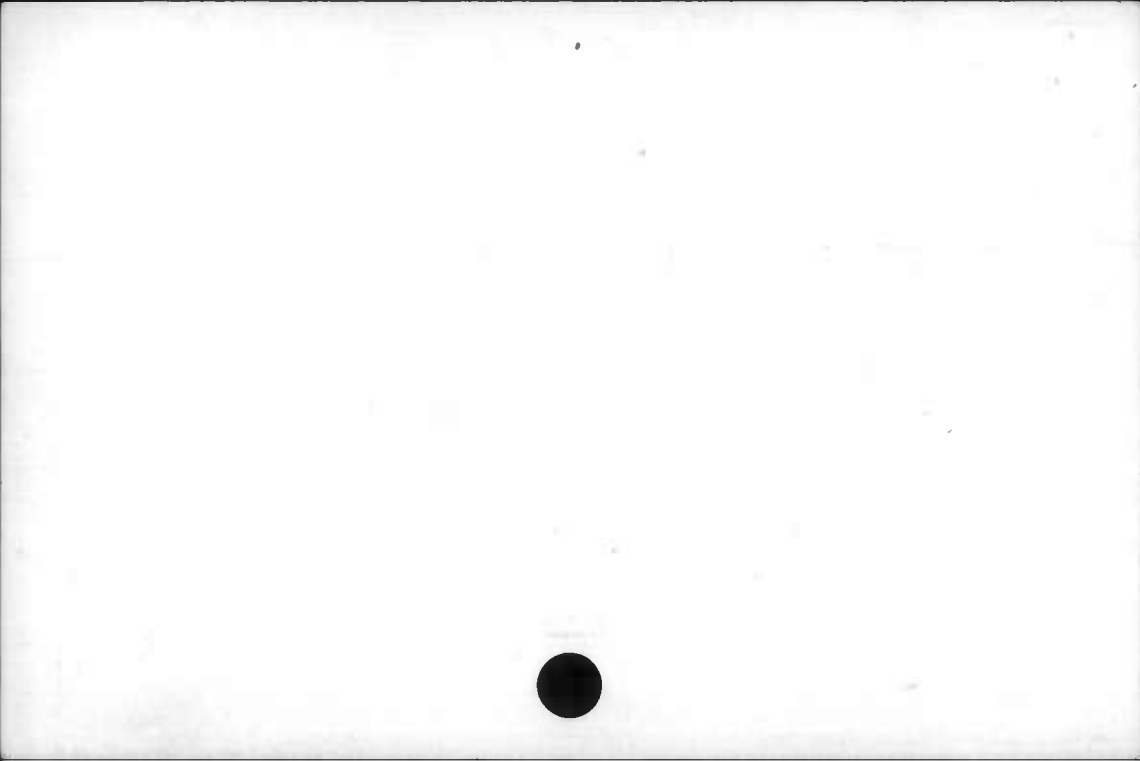
Signature of Physician

Address

C. W. Drickson
Berlin Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Francis Mills

168
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

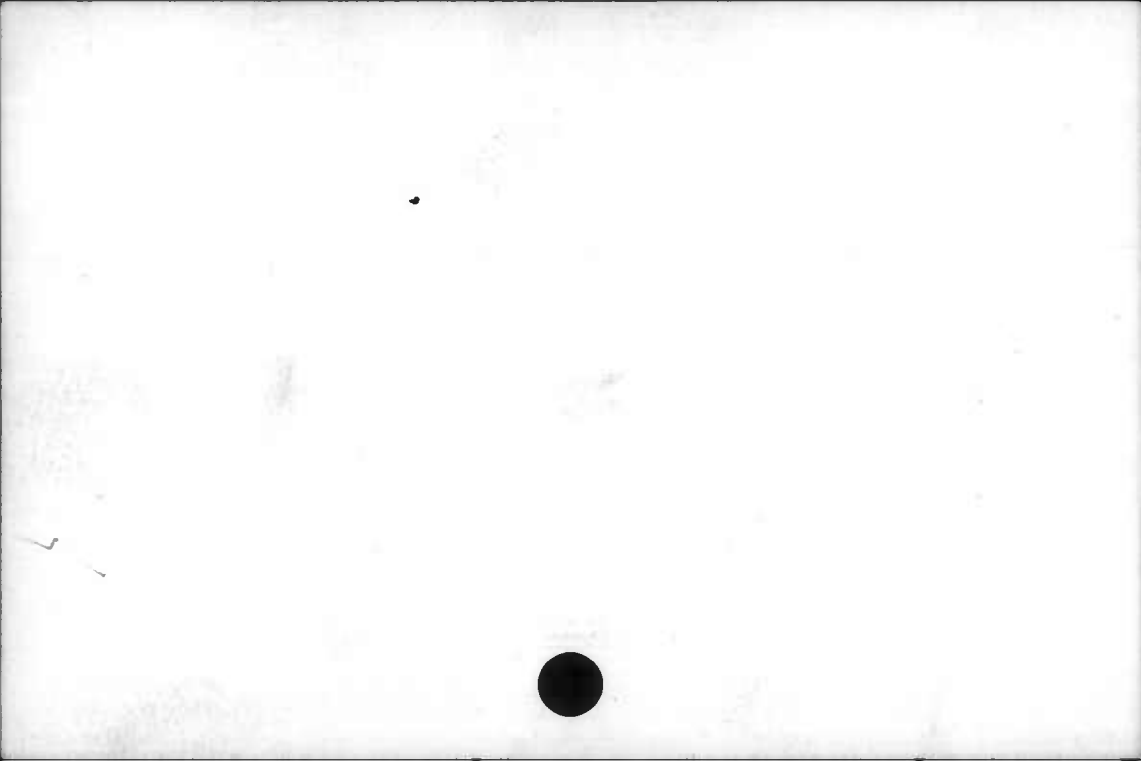
Died at <i>Pocomoke City</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1909 May 9</i>		Month <i>May</i>		Day <i>9</i>		Age <i>44</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Pocomoke City</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Mills</i>					
Father's Name <i>George Lane</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Margaret Rouch</i>		Mother's Birthplace <i>W</i>					
Name of person giving Information <i>E. S. Mills</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Carbuncle on Lumbar region</i>		How long <i>Two weeks</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel S. Quinn</i>	
		Address <i>Pocomoke City</i>	
Accident or Suicide			



Name
in
Full

E. A. Rhoda Quinn

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CERTIFICATE OF DEATH

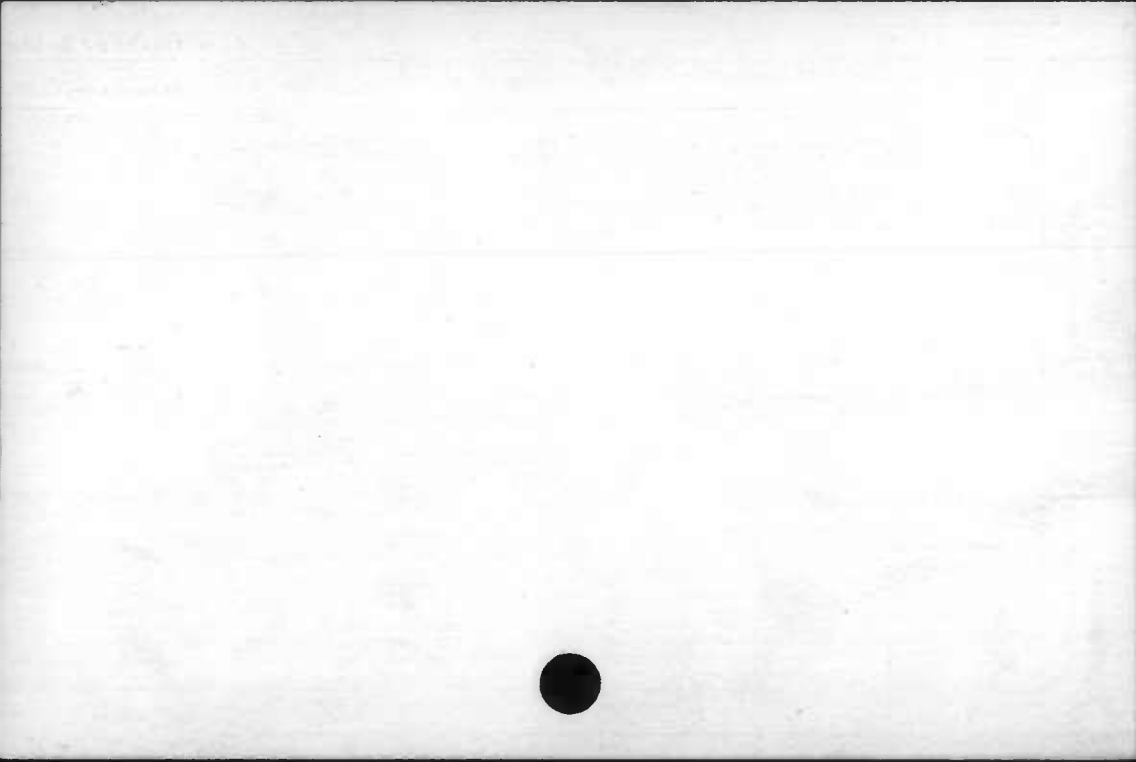
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
<i>Pocomoke</i>		<i>Pocomoke</i>		<i>Worcester</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		<i>May</i>	<i>3</i>	<i>da.</i>	<i>6</i>		
Sex		Color or Race		Birth-place			
<i>Female</i>		<i>Colored</i>		<i>Pocomoke</i>			
Occupation				Where Residing if not at place of death			
<i>None</i>				<i>—</i>			
Married, Single or Widowed		Name of Wife or Husband					
<i>Single</i>		<i>—</i>					
Father's Name				Father's Birthplace			
<i>London Quinn</i>				<i>Pocomoke</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Ann D. Quinn</i>				<i>Worcester, C.</i>			
Name of person giving Information				How related to deceased			
<i>London Quinn</i>				<i>S. Father</i>			

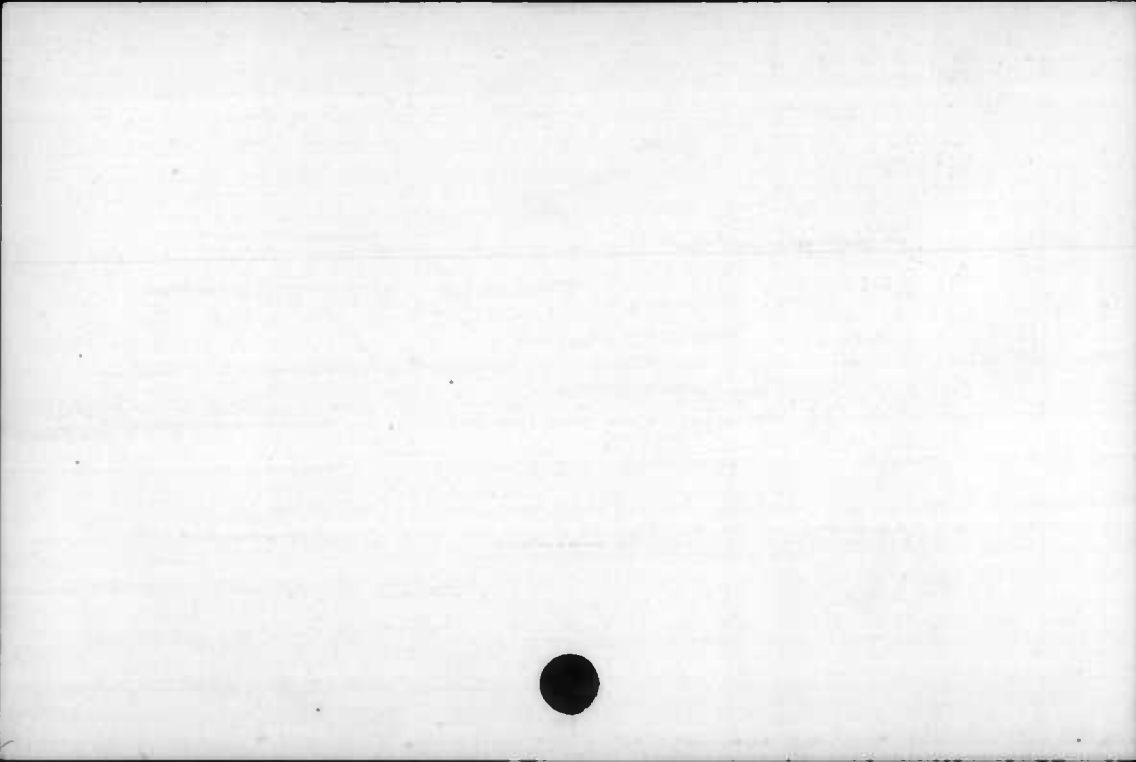
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Malaria</i>	How long	<i>1 week</i>
Immediate	<i>Meningitis Cerebr.</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/>		<i>T. A. C. Jr.</i>	
		Address	
		<i>Pocomoke, Md.</i>	
Accident or Suicide		<i>Worcester Co.</i>	



Name in Full		Still Born		Quinn		169.	
		Town		County		CERTIFICATE OF DEATH	
Died at		Pocomoke		Pocomoke		MARYLAND	
Date of death		1909	Month	May	Day	15	
Sex		Female	Color or Race	Calorea	Birth-place	Pocomoke	
Occupation				Where Residing if not at place of death		Pocomoke	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Howard Quinn		Father's Birthplace		Pocomoke	
Mother's Maiden Name		Hattie Bonnevillie		Mother's Birthplace		Pocomoke	
Name of person giving information		Harriet Long		How related to deceased		Midwife	
				CAUSES OF DEATH			
Primary		Still Born		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Ephraim Hillman	
				Address		Pocomoke, Md.	
Accident or Suicide?						Pocomoke Reg	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at James Laylor Town Near New Ark County Mon

Date of death 1908 Month May Day 30 Age 80 Months Days

Sex Male Color or Race White Birth-place Unknown

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Sarah Laylor

Father's Name John Laylor Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace

Name of person giving information W. T. Ward How related to deceased None

CAUSES OF DEATH

Primary Bright's How long 120 Don't know

Immediate Bright's How long Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician James Pitts

Address Berlin, Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

